

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	8-20-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	2	51		101	
3	4	52		102	
5	6	53		103	
7	8	54		104	
9	10	55		105	
11	12	56		106	
13	14	57		107	
15	16	58		108	
17	18	59		109	
19	20	60		110	
21	22	61		111	
23	24	62		112	
25	26	63		113	
27	28	64		114	
29	30	65		115	
31	32	66		116	
33	34	67		117	
35	36	68		118	
37	38	69		119	
39	40	70		120	
41	42	71		121	
43	44	72		122	
45	46	73		123	
47	48	74		124	
49	50	75		125	
		76		126	
		77		127	
		78		128	
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		98		148	
		99		149	
		100		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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